

TEST PROCTOR WORK AGREEMENT
OFFICE OF THE ARIZONA STATE FIRE MARSHAL

BEGIN HERE

1 Please fill in the requested information (including page 2) 2 The attached W-9 Form MUST be completed and returned 3 Return this contract and ALL REQUIRED ATTACHMENTS 4 Check below if you have a new address or phone number 5 Sign and date before submitting.	Office of the State Fire Marshal Attn: Phil Mele 1110 West Washington, suite 100 Phoenix, Arizona 85007-2935 602/364.1003 602/364.1052 fax
<input type="checkbox"/> New address <input type="checkbox"/> New phone number	

PLEASE COMPLETE ALL BOXES

NAME	EIN#	SS# (Required)
MAILING ADDRESS	E-MAIL ADDRESS:	
CITY	STATE	ZIP
WORK PHONE	OTHER PHONE (HOME/PGR/CEL)	
TEST LOCATION:		
TEST DATE(S):		
TEST START TIME:	NUMBER OF TEST HOURS:	
<p>This agreement encompasses only the test and dates specified. It expires upon the performance of its terms. It creates no rights in either party to any succeeding agreement, on the same or other terms. Specifically, no right of tenure is intended or created.</p> <p>My signature below certifies that I served as a proctor for the above certification test. I have returned the completed roster and all test materials. I understand that I will receive a lump sum payment and that this sum represents full payment for professional services rendered and all qualified expenses.</p> <p style="text-align: center;"><u>PROCTOR MUST COMPLETE EXPENSE RECAP (FOLLOWING PAGE) FOR PAYMENT</u></p>		
SIGNED	DATE	

FOR OFFICE USE ONLY

Travel	\$	This total is requested as payment in full for professional services rendered for the above work agreement. I certify that the agreement has been completed and authorize payment as requested.	
Salary	\$		
Total	\$		
Training Director (OSFM)	Index #	PCA	DATE

TEST PROCTOR
TRAVEL / PER DIEM EXPENSE RECAP

BEGIN HERE:

You must include the **ORIGINAL HOTEL RECEIPT** to claim lodging.
Failure to provide the **ORIGINAL RECEIPT** showing per night expenses
WILL delay payment to you.

Per day lodging reimbursement cannot exceed current State of Arizona rate for the
location.

TRAVEL -

Mileage Round Trip from (City)_____ to
(City)_____
Equals _____ miles
Payable at \$.445 per mile totals \$_____
Total Travel Hours _____
Paid at \$10.00 per hour totals \$_____

LODGING -

Lodging can be paid only to persons living more than 50 miles one way from the conference site

Number of nights stay ____ @ \$_____ + taxes totals \$_____

Remember lodging reimbursement is limited to the Conference Hotel Rate shown and taxes.

PER DIEM -

Meal payment applicable to travel beginning before 0600 and ending after 1800 hours.

Number of breakfast meals _____ @ \$_____ equals \$_____

Number of Lunch meals _____ @ \$_____ equals \$_____

Number of evening meals _____ @ \$_____ equals \$_____

(Maximum: see state reimbursement rate index)

TOTAL PER DIEM \$_____

TOTAL TRAVEL EXPENSES FORWARDED TO PAGE 1 \$_____

Date:	Proctor's Signature:
-------	----------------------

OSFM OFFICE USE ONLY

Date Received:	Reviewed by:	Date Approved: